



Georgia Department of Agriculture
Organic Certification Entity Registration Application

☐ New

☐ Renewal

Name of Certification Entity: _____

Physical address: _____

City: _____ State: _____ Zip code: _____

Mailing Address: (if different) (P.O. Box number) _____

Contact Person: _____

Telephone number: _____ e-mail: _____

Enclosed is my registration fee of _____ to cover the registration period ending December 31, ____.

A registration form shall be accompanied by a payment of a nonrefundable registration fee payable to the Georgia Department of Agriculture. The fee paid by certification entities shall be based on the certified client's annual gross sales or annual revenue of organic product received by producers, processors, handlers, distributors, packers, or repackers. If no sales or revenue of organic product were made in the preceding year, then the fee shall be based on the expected sales or revenue of organic product during the 12 calendar months following the date of registration. The minimum fee paid by certifying entity will be \$25 per annum depending on actual clients certified. The maximum fee paid by a certifying entity will not exceed \$500 per annum. The registration fee paid by the certifying entity is specific to Georgia certified clients.

The fee paid by certifying entities will be based according to the following schedule.

Gross Annual Sales or Revenue	Annual Registration Fee
\$0- \$10,000	\$25
\$10,001- \$ 50,000	\$50
\$50,001- \$125,000	\$75
\$125,001 - \$250,000	\$100
\$250,001 - \$500,000	\$125
\$500,001 - \$1,500,000	\$150
\$1,500,001-\$2,500,000	\$175
\$2,500,001 - and above	\$200

A registrant must apply annually to renew the registration unless no longer engaged in the activities requiring the registration.

NOTE: YOU MUST NOTIFY THE GEORGIA DEPARTMENT OF AGRICULTURE IMMEDIATELY OF ANY CHANGES CONCERNING THE REQUIRED INFORMATION

Mail Application To:
Ga. Dept. of Agriculture
19 M.L.K. Jr. Dr., Room 306
Atlanta, Georgia 30334

Owner/ Corporate Officer only (PRINT)

Owner / Corporate Officer Signature only

Title

For Office Use Only

Date Application and Check received: ____/____/____

Voucher No.: _____

Check No.: _____

Date Processed: ____/____/____

Registration No.: _____

Amount \$ _____

Application Approved By: _____
Organic Program Manager

Date: ____/____/____

Provide a copy of your USDA accreditation as a certifier, or a letter to the Commissioner of Agriculture from the USDA stating accreditation is not required.

A Certification organization must list all the Georgia clients the agency has granted organic certification.

Name of Client	Address of Client
A.	
B.	
C.	
D.	

For More Information, Please Contact:

Vernon Mullins, Organic Program Manager
Georgia Department of Agriculture
Phone: (706) 595-3408
E-mail: vmullins@agr.state.ga.us